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CHAPTER VI

The Visually Handicapped, the Delicate, and the Crippled¹

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IN 1936 a review of literature concerning the mental hygiene and adjustment aspects of the three areas considered in this chapter was prepared by Baker (2), and in 1939 a brief report was made by Lee (29). Whereas both of these reviews were of necessity limited, the present treatment will be more inclusive in its scope. Selections will be made from the literature covering approximately the past three years, with the addition of certain significant contributions of an earlier date, which may aid in giving a more nearly complete picture.

A. The Blind

A selected annotated bibliographical guide to literature relating to the blind was compiled by Lende (30). The sections giving references on the preschool child, psychology, education, vocational training, and vocations are of particular significance for education.

Kirby's report (25) of the Committee on Statistics for the Blind presented the 1938-39 findings of annual ophthalmological examinations on standardized forms of 3,868 pupils from thirty-nine schools for the blind. Tables giving etiology, eye conditions, degree of loss, and ages were given. Results showed a complete loss of vision or a greater loss than 20/200 for 77 percent of cases. The enumeration showed that more than one out of every ten had sufficient sight to be educated in a sight-saving class. Lack of such facilities in day schools was responsible for the presence of some cases; in other instances the school for the blind was not alert to recognition of individual eye condition.

Lende (31) edited a series of reports by authorities on various aspects in the presentday education and treatment of the blind. One of the problems discussed was the child with borderline vision who is not classifiable as educationally blind. Four case studies of adjustment of borderline pupils in Cleveland day school braille and sight-saving classes were reported. Another chapter was devoted to the subject of the preschool child.

The Preschool Child

There has, within the past five years, been a growing literature on the blind preschool child. McVickar (39) and Bershow (3) described nursery schools for blind children. Fjeld and Maxfield (13) stated the

¹ Bibliography for this chapter begins on page 326.

need for research because of the many special problems, such as "blindisms," nervousness, personality maladjustments, and retardation which blind children develop. An outline for a proposed program of research and research activities in progress at the Arthur Sunshine Home for Blind Babies were described.

Maxfield (38) reported a detailed study of method preliminary to a longitudinal investigation to extend over a number of years. Eight visually handicapped children were used as subjects and a verbatim report form of the observational method, based on experimental procedures found satisfactory with normal children, was employed. Maxfield stated reasons why longitudinal studies, though difficult to carry on, would yield results beyond those of cross-sectional studies. A second report by Maxfield (37) described a three and one-half year study of vocabulary building for the preschool child and included vocabulary lists. Mention is made of Taber's thesis (45), since it furnished a careful experiment in home guidance for the young blind child. Over a nine-month period she measured the responses of a totally blind child to the normal activities and requirements of home life. Certain measurable results were reported. McVickar (40) studied the voluntary behavior of twenty blind and partially sighted preschool children over a period of five years. She observed differences between the totally blind and the partially seeing. Her recordings showed a similarity in the behavior of the blind and partially-seeing children at the three-year level, but sufficient differences at the five-year level to make the needs of the two groups very different in respect to ability and interests.

Mental and Educational Tests

Hayes (19) has continued his studies of tests adapted for the blind and in this report gave a history, inventory, and criticism of both mental and achievement measurements. Achievement tests adapted for use in recent years were grouped under those for elementary school, for high school, and for diagnostic and remedial teaching. Research on a 1940 adaptation of the Hayes-Binet Scale and on a selection of tests from the L and M Forms of the Terman Revision is under way. Hayes (21) in an earlier article gave evidence of low scores in literature and history on the Stanford Achievement tests and made suggestions for the use of tests to locate inadequacies for which enriched experience should be provided. In another article (20), he gave further suggestions to teachers for the use of available suitable tests. Fortner (14) reported the adaptation of the Kuhlmann-Anderson group intelligence tests for Grades VI to IX. Davidson and Brown (9) described the construction of a test in point-scale form for testing children visually handicapped to any degree. Hayes (19) referred to its use in his experiments. An adaptation of the scholastic aptitude test of the College Entrance Examination Board made at the request of the New Jersey Commission for the Blind was reported by Brigham (4).

Lowenfeld (36), a Viennese teacher, reported on experimental and comparative studies of the partially sighted and the blind child's visual and nonvisual sources of drawing, painting, and sculpture. Copies and photographs of the children's art products from which the studies were made were included. Klein (26) described an individualized approach to the study of problems of perception in the blind and partially sighted.

Personality Adjustments

Farrell (12) presented the special nature of adjustments needed by the blind which suggested the value of a mental hygiene approach in the educational program. Post (42) described the work of the girls' counselor in a school for the blind in securing cooperation of agencies outside and in promoting socialization within the school. Brown (5) reported quantitative data on the administration of the Clark Revision of the Thurstone Personality Schedule to 218 students in schools for the blind and to 359 high-school seniors. The incidence of neurotic tendency was higher among the blind than among the seeing. Harvey (18) favored the practice of enrolling the advanced blind pupils in the day high school of the community.

Adaptations in Curriculums, Methods, and Teaching Aids

Frampton (15) edited a book on the education of the blind, which embodied a compilation of reports made by the staff of the New York Institute for the Education of the Blind. Curriculums and methods based on enrichment at the elementary and secondary levels and vocational and prevocational experiences were reported. Special educational problems of the deaf-blind and mentally retarded blind were also considered. Quimby (44) made a study of the curriculums for residential schools. Typical problems in the education of the blind, courses of study from kindergarten through senior high school, and programs in music, physical education, and manual arts were surveyed and reported. Recommendations were made as to the need of experiments on length of school day, the reorganization of the school program to make more satisfactory provision for individual differences, better vocational guidance and placement programs, and need for training in leisure-time activities.

Chatfield (8) emphasized the importance of a planned program for the teaching of beginning reading. Prine (43) discussed arithmetical difficulties and diagnostic and remedial technics of instruction. Adaptations in teaching methods or aids in the nature of models and adjusted equipment were reported by Hebbeln (22, 23) in physics; by Morgan and Wellington (41) in geometry; by Hill (24) in natural science and in history; and by Loomis and Mitchell (32) in chemistry. Burnside's monograph (7) on loom accessories for blind weavers showed by description and picture a helpful kind of information made available for the teacher. Numerous references to the use of the Talking Book (33, 34, 35) in schools and classes for the blind have appeared. Lowenfeld (34) furnished a graph on results of Stanford Achievement Tests in schools for the

blind and called attention to the slower rate of braille reading and low achievement in literature and history. On this basis he recommended wider use of the Talking Book. A catalog of available records arranged by Lowenfeld (33) for grades and junior and high-school level indicated that the number of titles below the sixth grade was limited. Plans were reported under way (35) to develop more material for the lower levels.

Reports by Buell (6), Emanuele (11), Landis (27), and Lang (28) indicated continued experimentation in physical activities and recreation to discover means of extending participation and developing socialization on the part of the blind. Lang (28) reported adaptation of a baseball game with the use of sound effects. Hall (17) described the special characteristics and needs of the deaf-blind and practical procedures for their education.

Training and Salaries of Teachers

Lowenfeld (35a) reported a study of the training and salaries of teachers of the blind in residential schools, made in 1940 by the American Foundation for the Blind. The study covered 44, or 88 percent, of the residential schools in the United States, and 703, or 74 percent, of the full- and part-time teachers. He found that the teachers "have the same professional training as do teachers in public schools, but that their salaries are far below those paid to public-school teachers." Their length of tenure was also shorter, giving rise to the conclusion that "the low salaries in schools for the blind and the heavy teacher load tend to offset the attractiveness of the work. . . . It [is] imperative that the authorities of schools for the blind adopt a decided change in salary schedules if they are to retain well-trained teachers until they acquire sufficient experience to reach their maximum efficiency."

Vocational Training of the Blind

Athearn (1) has made a comprehensive analysis of vocational problems related to occupational changes, specialization, counseling, and training. A table was also included showing percent of blind workers employed in major occupational groups. Certain changes in vocational curriculums taking place in schools for the blind were reflected in such reports as that by Fries (16) on the future of piano tuning and Delamarter's description (10) of a program for vocational agriculture at the Michigan School for the Blind. This latter program under Smith-Hughes aid offered courses in poultry raising, fruit growing, floriculture, and landscape gardening.

Summary

Most of the material cited in this chapter came from members of the staffs engaged in the state residential schools for the blind. There were few articles from the public day school. The subjects of intelligence and achievement tests and of the preschool blind reveal some planning which suggests that findings may in the future become increasingly valuable.

Research is needed in the subject of personality adjustment. An increasingly open-minded attitude in curriculums and methods, including vocational training, suggests that teaching staffs might well cooperate in carefully planned and controlled studies which would yield valid basis for changes and improvements.

B. The Partially Sighted

Eye Care

Knighton (53) furnished ophthalmic information on the child's visual response and the use of his eyes to be taken into account by both the pediatrician and psychologist. Hitz (50) submitted a preliminary report of the use of the Snellen Chart, the Betts Ready To Read Tests, and a third ophthalmic test, the complete plan designed as a screening process for testing the school child's useful vision. Psychological and personality adjustments relating to eye care were discussed by Rosenthal (56) and by Waters (58), presenting the medical social worker's role. Case studies of individual patients are included in the latter.

Medical and Educational Trends

Reference to trends and developments appeared in two articles, one by Hathaway (49) and one by Lawes (54). Hathaway discussed recent medical and optical developments, namely, diathermic procedure for operations on detached retinas, corneal transplantation, and contact and telescopic lenses. She included also advances in illumination, in auditory aids—the radio and the talking book—and in vocational guidance. Lawes summarized the special types of materials and lighting conditions that have been developed for sight-saving classes and made recommendations for needed research. A successful experimental rural program in caring for 38 visually handicapped in 31 school districts in Allegheny County, Pennsylvania, was described by Cohen (47). It was initiated by the Pennsylvania Association for the Blind in 1934 and because of its success recommendation was made that the state special education department should take it over.

Instruction Suggestions

Soares (57) recommended the use of the dictaphone as an aid in sight-saving classes having large enrolments and described methods of using it in intermediate grades and in high school in the city of Detroit. Phelps (55) and Burress (46) furnished material on the values of handwork in the sight-saving class, suggested units, and included annotated references on the subject. Various types of visual handicaps in school children and teaching technics to meet those handicaps were described by Davis (48). Kastrup (51) presented methods in beginning reading for the sight-saving pupil. Kniewel (52) listed sources of vocational information for the teacher. The assets of wholesome attitudes toward a range of occupations and the analysis of personal qualifications for the job were discussed.

Summary

The literature indicated that research on the medical aspects was continued, but that there were practically no objective or controlled experiments in methods and classroom technics. Studies of eye habits and the size and kind of print should be made to discover optimum methods and materials for different kinds of eye conditions. Research might well be carried on in diagnostic and remedial procedures suited to the visually handicapped, in methods and means of evaluating pupil progress, and in the use of mechanical aids, such as the dictaphone and Talking Book, as time savers for the teacher or reader. The whole area of the school's part in meeting the mental hygiene needs and personality adjustments of the visually handicapped child calls for scientific study.

C. The Delicate

Much of the literature on delicate children, or children of lowered vitality as they are sometimes termed, has treated of the medical and health aspects because of the growing realization that discovery and treatment is essential during the period of childhood. Strachan (72) presented an excellent review of the literature through 1937. At that time she noted that valuable information was available in the fields of tuberculosis, heart disease, and nutrition regarding the problem of delicate children, but that methods for selection for medical and educational treatment were still inadequate. A carefully selected and extensive bibliography was included.

Children with Heart Disease

Hood (64), director of the Crippled Children's Division of the United States Children's Bureau, stated that funds under the Social Security Act are now available for developing services for children with heart diseases and conditions leading to it, such as rheumatic fever. Nine states and the District of Columbia have made plans for 1941 to utilize the medical and social services offered. Silver (71), cardiologist for the schools of Newark, New Jersey, described the initial heart examination for all children entering gymnastic instruction and reported that cardiac conditions were located in 1 percent. Robinson (69) stated that 1.5 percent of school-age children have organic heart disease and that about 44 percent of this group have conditions serious enough for special-class placement. He emphasized the need for appreciating the significance of the condition and for providing rest and suitable exercise as a protection. Robinson (70) stated that individual programs with advice to parent and teacher are essential. Sutton (73) ascribed to rheumatic heart fever an annual death toll of 1 percent for the child population and urged that the symptoms be recognized and care provided.

Children with Diabetes

Brown and Thompson (59) studied case records and interviewed sixty juvenile diabetic patients. Data pertaining to body growth, intelligence, heredity, sex distribution, and incidence of acute infections were compared with equivalent data from nondiabetic siblings and from the records of diabetic subjects in other investigations. The intelligence of the experimental group showed no deviation from the average and no significant deviation from that of their sibling controls or from the average of Minneapolis children. No characteristic differences in personality were discovered. Teagarden (74) reviewed the literature on the intelligence of diabetic children and noted that certain studies reported a distribution of intelligence higher than the average. She then reported six case studies in which four of the six were below average. While she drew no conclusions, she pointed out that for certain reasons the incapable child suffering from this disease may not always be recognized as a diabetic.

Children Suffering from Epilepsy

Kugelmass and Poull (65) reported on the mental growth of epileptic children. Davis (62) described the various convulsive states of epilepsy and new methods of study by encephalography. Patry (68) stated twenty principles that the teacher should take into account in her guidance of a child who suffers from epilepsy. Crile (61) described the medical and educational program of a twenty-four-hour school for epileptics established in 1935 under the direction of the Detroit Board of Education. This arrangement made possible carefully controlled schedules for the children and periodic observations of mental and physical changes.

School Programs for Delicate Children

Wheatley (75) discussed the work of the school physician as a medical adviser and described a New York City project in which 160 physicians cooperated in studying the general health, living conditions, dietary and health habits of more than 5,500 below-par children. Important outcomes were changed attitudes on the part of the school physician toward his responsibilities and valuable material for use in educational work with teachers, parents, and community.

In a report (67) of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, the advantages and disadvantages of open-air classes were stated. Changing concepts affected the nature of the care recommended for the below-par child. The findings suggested that the question of special classes or other provisions for special health treatment was one that could be answered only by a study of local needs and facilities. It was recommended that a school health program should be extended to all, with modifications as needed for children who are below par physically. A national and representative committee of educators, hygienists, nutrition workers,

and physicians was appointed by the National Tuberculosis Association to consider the treatment and education of the below-par child (60). Significant recommendations were that the home should share with the school the responsibility for the children's below-par status and that school procedures be adapted to the individual pupil's need. DeKoning (63) gave specific suggestions for teacher guidance of parent cooperation in prevention as well as improvement.

Laton (66) described a high-school program of health service, which provided a rest-room to which below-par pupils might be assigned for certain periods. Relaxation and removal of pressure through this means made it possible for many convalescing and below-par pupils to carry on educational programs. Children of lowered vitality are also among the numbers who are cared for in hospitals and by home teaching as described in the next section of this chapter.

D. The Crippled

The literature on the crippled child has given emphasis to the close relationship between the medical, physical, and educational aspects of the program for the child with this type of handicap and the emotional and social needs of his development. Legislation on behalf of the cripple has received considerable study. The number of articles on the subject of cerebral palsy in children is increasing. Hospital programs, as well as day school programs, are included in this section.

Legislation and Services

Hood, director of the Crippled Children's Division of the United States Children's Bureau (85), described the medical, surgical, therapeutic, vocational, and educational services that are being promoted under the Social Security Act in the forty-eight states and two territories. In a second article (86), he reported that continued progress has been made in the development of services under the Social Security Act. Every state in 1940 was receiving federal grants-in-aid for services for crippled children and had an active program in operation. He stated that registration of crippled children was more nearly complete than at any time in the past. Howett (88) summarized answers to questionnaires sent to all states in 1939 concerning laws for (a) locating cripples, (b) furnishing medical, surgical, and after-care, and (c) education and vocational assistance.

The New York City Commission for the Study of Crippled Children (79) furnished a statistical analysis of the physical and social status of 16,731 registered crippled children. All agencies furnishing care in New York City—medical, social, educational, vocational, and recreational—were studied. Recommendations for further improvement of the work of agencies and the coordination of their services were made. McIntire (94) presented the several steps required to secure for the individual eventual vocational

placement and pointed out the way in which lay and professional services can be coordinated. Baker (76) analyzed the motives of those who contribute to programs for crippled children.

Emotional and Social Needs

Reznikoff (102) stated that for too long the problem has been approached from the physical point of view rather than on the basis of the individual's emotional reactions. Case abstracts were given to support this view. An exploratory attempt was reported by Kammerer (90) to investigate the psychological behavior of eighty crippled children of both sexes at the age of thirteen, fifty of whom suffered from osteomyelitis and the remainder from scoliosis. All came from the lower socio-economic level and were patients of a hospital for children. Intelligence and personality tests were given and interviews held with children and parents. Whereas the scoliosis group differed significantly from the Stanford-Binet norm, the osteomyelitis group did not. A low positive correlation was found between maladjustment and duration of the crippling condition. Social and personal inferiorities were not traceable to the handicap and very little evidence to support the theory of compensation was found. No other general psychological differences were discovered between the scoliosis and osteomyelitis groups. No evidence supported the thesis that physical defects are the cause of abnormal personalities. Ball (77) stated that the problems of adjustment of crippled children in the family, school, and community are not peculiar to the handicap, but may be intensified by it. She advised that treatment must be based on factors of relationship within the family and the resources in the community. Dimchevsky, a psychiatric social worker (80), discussed the worker's responsibility in respect to the personality needs of the handicapped. She gave striking illustrations of individual children and their parents who have problems in adjustment to face. Fifield (81) and Mulcahey (96) brought out that physiotherapy is a broadened function which should include counseling and mental health adjustments.

McGrew (93) described the fears and insecure feelings of pupils entering a hospital. Student nurses were trained to provide a program of treatment and teaching which aided stabilization and security. Mendenhall (95) described the program of the Philadelphia orthopedic school in making available to the children varied experiences in music, rhythmic, dramatics, interpretive and folk dancing, clay modeling and painting, and other phases of art work. She stated that the school can hereby provide outlets for self-expression both at home and in school. Ingram, Bryne, and Johnson (89) collaborated in a series of three articles devoted respectively to the values of the special unit in the elementary school, of the special school for crippled children only, and of the special school providing for all types of physically handicapped. Specific illustrations were given in the description of programs in New York State, Minneapolis, Minnesota, and Des Moines, Iowa.

Hospital Schools and Classes

Fitzgerald (82) described the educational program at Grasslands Hospital, Valhalla, New York, initiated in 1936 for children of preschool age who were hospitalized for an extended period. Nursery-school and kindergarten experiences adjusted to the physical limitations of the child proved invaluable as a preparation for first-grade work. Matheison (92) made a comprehensive study of legislation concerning hospital schools and an investigation of present practices in 162 hospital schools with a total enrollment of 5,378 children in 33 states and two territories. A conservative estimate of the number of children in American hospitals who need such care was placed at fifty or sixty thousand. The number of existing hospital schools was estimated at from 300 to 400. The number increased each decade from the date of establishment for the first class in 1861. In seventeen states, legislative provisions have been made relating to hospital schools or to special schools and classes which might be included as hospital schools. There was much variation in the types of provision made by these laws, in respect to status, support, and administration of the schools. Practically all the schools were in urban communities. Of the total number of school-age children reported hospitalized, 66 percent received instruction. Variation characterized all phases of school programs. It was noted that too many hospitals operated without the benefit of local or state supervision by educational authorities.

Closely related to hospital teaching is the teaching of home-bound patients. Oettinger (97) described in detail a home-teaching project for 200 children suffering from cardiac, orthopedic, and other ailments carried out by the Visiting Nurse Association of Scranton, Pennsylvania, with WPA assistance. The physical, emotional, and educational needs of the child were carefully considered to the end that each child might experience self-confidence and security.

The Child with Cerebral Palsy

Carlson (78) described in detail the problems met in the physical and mental development of the spastic child and the procedures used in muscle re-education. He emphasized the part which education plays in providing interests which help the child to forget himself and thus to achieve better muscular control. He also described the problems encountered in education and means used for relaxing physical education and strain. Phelps (98) described the program as it is carried on at the Children's Rehabilitation Institute in Baltimore. This school is for children affected with cerebral palsy who, after a trial period of three months, prove to be capable of improvement both physically and mentally.

Phelps (99) differentiated between the characteristics of the spastic as distinct from the athetoid type. He (100) described five lines of investigation in connection with patients suffering from cerebral palsy: (a) the

type of motor disturbance, (b) localization of brain hemorrhage, (c) testing of mentality, (d) psychological characteristics, and (e) various forms of treatment. He gave a brief summary of methods of treatment used with the spastic and the athetoid types; and he emphasized (99) their potentialities, holding that only about 25 percent are feeble-minded.

Pusitz (101) gave a comprehensive description of cerebral palsy with recommendations for physical treatment and speech work based on the psychological-psychiatric approach. Hoopes (87) wrote an autobiography describing her condition, which is that of congenital cerebral palsy, with inability to speak or to walk, and she discussed the development of physical, mental, and social factors in her life. Clinical notes were included by Phelps. Hiss (84) discussed the educational needs of the child afflicted with cerebral palsy. Strauss (103) analyzed the problems of the teacher and emphasized her need for ingenuity in guiding the child to help himself. Girard (83), a physician, discussed in nontechnical language the essential facts of spastic paralysis and made numerous suggestions concerning physical therapy, speech training, occupational therapy, and other problems to be faced by parents of the afflicted child.

Vocational Training and Placement

There has been very little reported in the area of vocational adjustments. Teller (104) furnished a brief report of a follow-up study of 51 crippled children graduated from the high school for crippled at Spalding School, Chicago. Statistics were presented concerning advanced study, employment, attitudes of teachers and employers, necessary adjustments, and suggested changes in the high-school course of study, as reported by the persons participating. Of the 51 children studied, 36 were employed, 15 not employed, 20 had gone to college, and 5 earned degrees. The majority of these graduates stressed the need for training during school life to establish self-responsibility and to minimize self-consciousness.

Kratz (91), the director of vocational rehabilitation in the United States Office of Education, traced the development of (adult) rehabilitation services in the United States from their inception in 1920 up to the present, indicating the trends toward case work and the inclusion of treatment for the home-bound. This study of adults is mentioned because it suggests trends which are also apparent in the educational program for children.

Recommendations

Research studies are advised in the following areas: types of handicaps that will benefit by home teaching, the cooperation of school and home in personality adjustment, the particular problem of the social and intellectual potentialities of the child suffering from cerebral palsy, and the development of suitable play and work programs for children limited in physical activity.

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CHAPTER VII

The Negroes¹

EDGAR W. KNIGHT and L. V. NORMAN

APPROXIMATELY 12,000,000 of the total population of the United States are Negroes who have been a part of the national citizenry since the adoption of the Fourteenth Amendment to the Constitution of the United States in 1868. Most of these people, the largest minority group in the United States, live in the southern part of this country. The story of their education in the southern states in which there is a policy of separate schools for the whites and the Negroes falls into several well-defined periods. The first period extends from the introduction of Negro slavery in 1619 to the 1830's. The second extends from the 1830's to the Civil War. The third period includes the years from 1863, when the Negroes were emancipated by proclamation of President Lincoln, to 1876, when the process of Congressional reconstruction was concluded. The years from 1876 to about 1900 may be considered the fourth period, and the years from 1900 to the present represent the period in which the greatest progress has been made in the education of Negroes, and which has witnessed the widest study and publication on problems pertaining to it. In this chapter reference is made particularly to material which has appeared on the subject during the past five years.

Race Relations

Bowen (5) attempted to answer the question, "Are the Negroes an unassimilable minority in the United States? Or could they, if given a fair deal by the white population, become a contented and constructive part of the community?" He presented a study of race segregation and interracial cooperation in religious organizations and institutions in the United States. He traced the turbulent course of the Negro race through American history, in housing, schools and churches, business and industry, and asked whether the spirit of idealism characterizing the New Deal will affect these conditions among the Negroes.

A wealth of material was presented by Eleazer (20) on racial differentiation, the Negro in America, sentiment in the South for emancipation, the controversy over slavery, the educational progress, and the cultural contributions of the Negroes since emancipation. Factual data were given to stimulate inquiry and to promote better interracial understanding. A symposium of ten essays, edited by Thompson (54), dealt with race relations with special reference to the United States and more particularly to the southern states. It furnished interesting presentday views of various aspects of the race problem. Thompson concluded that race relations in

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